


**Houston Department of
Health and Human Services**

Phone: (713) 558-3468

Fax: (713) 794-9602

REC'D DATE _____ LAB.# _____

DO NOT WRITE ABOVE THIS LINE: FOR LABORATORY USE ONLY

RABIES SUBMISSION FORM HDHHS-R
PLEASE SUBMIT A SEPARATE FORM FOR EACH SPECIMEN
Note: No C.O.D.'s Accepted

Submitter's Name/Clinic: _____

Address: _____

City: _____ County: _____

State: _____ Zip: _____ Phone: (____) _____

Owner's Name/Victim: _____ Address: _____

City: _____ County: _____ State _____ Zip: _____ Phone: _____

Animal: ☐ Cat ☐ Dog ☐ Skunk ☐ Bat ☐ Other (Describe) _____

County of Animal's Origin: _____ Date of Death: _____

Human Bite? _____ Location of Bite: _____ Exposure Only: _____

Animal Exposure? _____ Pet's Name: _____

County of Animal's Origin: _____

Miscellaneous: _____

HTL #
**LAB
RESULTS:**

POSITIVE _____ DESTROYED _____

NEGATIVE _____ DECOMPOSED _____

UNSATISFACTORY _____